



## Looking for Clues: Overdose Fatality Review through a Brain Injury Informed Lens

Maryland's Behavioral Health Administration's Traumatic Brain Injury Partner Project created this resource for Overdose Fatality Review Teams (OFRT) to identify evidence of brain injury in the history of individuals who die by overdose.

Background:

- A history of **brain injury is highly correlated with substance abuse disorders.**
- Brain injury may be a missing piece when OFRTs attempt to assemble the timeline of events and the factors involved in a fatal overdose
- Because people with brain injuries tend to use opioids, **professionals need to look at individuals through a brain injury informed lens.**

Use the checklist (see page two) of medications, family history, and hospital care and law enforcement records.

### RECOMMENDATIONS

For behavioral health professionals working with individuals with substance use related disorders, the following may help them engage with and stay in services and treatment:

- Screen for a history of traumatic brain injury via the Ohio State University Traumatic Brain Injury Identification screening tool
- Employ simple strategies and accommodations to support individuals who are living with a known or suspected history of brain injury

### RESOURCES

- The Ohio Valley Center for Brain Injury Prevention and Rehabilitation online resources and tools, including the OSU TBI-ID: <https://tbi.osu.edu/modules>
- The Federal Traumatic Brain Injury Program within the Administration for Community Living administers the Traumatic Brain Injury State Partnership Grant Program. See if your state is a TBI Program grantee: <https://acl.gov/programs/post-injury-support/traumatic-brain-injury-tbi>
- Fact Sheet on Brain Injury and Opioids from the Brandeis Inroads Project: <https://heller.brandeis.edu/ibh/pdfs/inroads-tbi-oud-provider-4-1-2019-final.pdf>
- BrainLine: <https://www.brainline.org/article/treating-clients-traumatic-brain-injury>

Check list on page 2 →

## Brain Injury Checklist for Local Overdose Fatality Review Teams (LOFRTs)

Brain Injury Related Conditions	Commonly Used Medications
Seizure disorder	Dilantin, Depakote, Tegretol, Lyroca, Neurontin,
Depression and anxiety	Zoloft, Lexapro, Effexor,
Aggression	Inderal, BuSpar, Tegratol and Depakote
Apathy	Ritalin, Adderall
Pain	Acetaminophen, Ibuprofen, Opioids

Medical Services	Health Care Records
Contact with Emergency Medical System (EMS) related to fall, assault or motor vehicle accident (MVA) and for prior overdose(s)	Any hospital and emergency department admission for Traumatic Brain Injury (TBI), including concussion such as those secondary to MVA, assault and fall, and Acquired Brain Injury (ABI) such as stroke, cardiac arrest, epilepsy, carbon monoxide poisoning, drug overdose

Law Enforcement Records	Behavioral Health Records
Contact 12 months prior to death	Depression
History of driving under the influence or driving while intoxicated	Anxiety
History of incarceration	Social isolation
History of involvement in juvenile services	Substance use related disorders Suicide attempt(s) Inpatient and/or outpatient treatment History of treatment “failure,” leaving programs prior to completion or being asked to leave

Family History	History of Intimate Partner Violence
Correlation between Adverse Childhood Experiences and TBI in the following areas:	Cause of both Traumatic and Acquired Brain Injury
Physical Abuse	Multiple, often mild Traumatic Brain Injuries
Psychological Abuse	Multiple incidents of choking
Household member incarceration	
Household member drug use	

### SOURCES

- Maryland Local ODFRT Case Report Guide
- The Traumatized Brain: A Family Guide to Understanding Mood, Memory & Behavior After Brain injury by Vani Rao MD and Sandeep Vaishnavi 2015, Johns Hopkins University Press

“This project was supported, in part by grant number 90TBSG0027-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.”